

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155089		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/09/2012	
NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE OF NEW CASTLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1023 N 20TH ST NEW CASTLE, IN 47362			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates April 2, 3, 4, 5, and 9, 2012</p> <p>Facility number: 000035 Provider number: 155089 AIM number: 100266250</p> <p>Survey team: Barbara Gray RN TC Sharon Lasher RN Leslie Parrett RN Angel Tomlinson RN</p> <p>Census bed type: SNF/NF: 64 Total: 64</p> <p>Census payor type: Medicare: 15 Medicaid: 41 Other: 8 Total: 64</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/12/12 Cathy Emswiller RN</p>			F0000	<p>Preparation and/or execution of This Plan of Correction in general or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Heritage House of New Castle of the facts alleged or the conclusions set forth in the statement of deficiencies. The Plan of Correction and specific corrective actions are prepared and/or executed solely because of provisions of federal and/or state laws.</p> <p>Heritage House desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective April 24, 2012</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to follow the care plan related to planned interventions to prevent falls, for 1 of 19 residents reviewed for care plan. (Resident #34)</p> <p>Findings include:</p> <p>The record of Resident #34 was reviewed on 4/3/12 at 1:46 p.m.</p> <p>Resident #34 most recent, MDS (Minimum Data Set), assessment, dated 3/14/12, indicated the following:</p> <ul style="list-style-type: none"> - BIMS (Brief Interview of Mental Status) 15. The range of 13-15 indicated the resident's cognition was intact. - transfer, activity did not occur - walk in room or corridor, activity did not occur - falls, yes <p>Resident #34's care plan, dated 3/14/12, indicated Problem, resident has multiple</p>		F0282	<p>F 282</p> <p>1. Resident #34 had bolsters added to his bed on April 17, 2012.</p> <p>2. All resident's care plans will be reviewed by the MDS/care plan coordinators to identify any resident who has bolsters care planned. All residents who have bolsters care planned will be assessed to ensure the bolsters are in place correctly by the MDS/care plan nurses.</p> <p>3. A daily audit for adaptive equipment, identified in the care plan, will be done by nursing. If any resident is found to not have bolsters, as had previously been identified in the care plan, the nurse doing the audit will review the care plan to see if an update has been done. The nurse will also meet with the MDS/care plan nurse to discuss any updates or changes made to the care plan. See attachment #1.</p> <p>4. A daily audit for adaptive equipment to include bolsters will be done daily by nursing. The nurse who does the audit for adaptive equipment will report her findings to the QA Committee for one yr., at 3 mo. 6 mo. and at 12 mos. Any recommendations will</p>		04/24/2012	

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	<p>risk factors for falls. Goal, resident will sustain no injuries due to falls.</p> <p>Interventions, included but were not limited to orient resident to surroundings, call light, monitor resident frequently when call light is not available, bolsters placed on bed, keep bolsters covered with linen and frequent check placement of bolsters and over sheet for optimum safety.</p> <p>Resident #34's nursing notes, dated 3/25/12 at 9:45 a.m., indicated "resident found on floor beside bed. Stated he was getting up, did not hit his head. Sitting with left leg bent behind thigh. New order for x-ray per physician.</p> <p>During an observation on 4/4/12 at 10:00 a.m. Resident #34 was observed in bed and he did not have bolsters in place on his bed.</p> <p>During an interview with RN #1 on 4/4/12 at 10:24 a.m., RN # 1 indicated Resident #34 did not have bolsters on his bed. She also indicated Resident #34 gets confused sometimes and forgets he</p>			<p>be followed. This will be monitored by the Director of Nursing. Completion date April, 24, 2012</p>			

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	<p>can't walk "just like this morning he said," 'I am going to get up and go the bathroom' "and I reminded him he could not walk."</p> <p>During an observation on 4/9/12 at 10:50 a.m., Resident #34 was observed in bed without bolsters on his bed</p> <p>During an interview with the DON (Director of Nursing) on 4/9/12 at 10:55 a.m. She indicated she was not sure why the bolsters were not on Resident #34's bed but he has a different mattress than he had when the bolsters where on his bed so the bolsters would not fit this mattress. The DON also indicated the procedure in which the CNAs are to be informed of interventions for residents such as what residents are to have bolsters on their bed is the CNAs are instructed to read and follow the resident's care plans.</p> <p>3.1-35(g)(2)</p>						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to implement planned interventions to prevent falls for 1 of 3 residents reviewed for falls. (Resident #34)</p> <p>Findings include:</p> <p>The record of Resident #34 was reviewed on 4/3/12 at 1:46 p.m. Resident #34's diagnoses included but were not limited to seizures, multiple sclerosis, subarachnoid hemorrhage (bleeding into the area between the brain and the tissues that cover it), stroke, anemia, delirium and acute kidney failure.</p> <p>Resident #34 most recent, MDS (Minimum Data Set), assessment, dated 3/14/12, indicated the following:</p> <ul style="list-style-type: none"> - BIMS (Brief Interview of Mental Status) 15. The range of 13-15 indicated the resident's cognition was 	F0323	<p>F323</p> <ol style="list-style-type: none"> 1. Resident #34 had bolsters added to his bed on April 17, 2012. 2. All resident's care plans will be reviewed by the MDS/care plan coordinators to identify any resident who has bolsters care planned. All residents who have bolsters care planned will be assessed to ensure the bolsters are in place correctly by the MDS/care plan nurses. 3. A daily audit for adaptive equipment, identified in the care plan, will be done by nursing. If any resident is found to not have bolsters, as had previously been identified in the care plan, the nurse doing the audit will review the care plan to see if an update has been done. The nurse will also meet with the MDS/care plan nurse to discuss any updates or changes made to the care plan. See attachment #1. 4. A daily audit for adaptive equipment to include bolsters will be done daily by nursing. The nurse who does the audit for adaptive equipment will report her 		04/24/2012		

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	<p>intact.</p> <ul style="list-style-type: none"> - transfer, activity did not occur - walk in room or corridor, activity did not occur - falls, yes <p>Resident #34's care plan, dated 3/14/12, indicated Problem, resident has multiple risk factors for falls. Goal, resident will sustain no injuries due to falls. Interventions, included but were not limited to orient resident to surroundings, call light, monitor resident frequently when call light is not available, bolsters placed on bed, keep bolsters covered with linen and frequent check placement of bolsters and over sheet for optimum safety.</p> <p>Resident #34's "Fall Risk Assessment", dated 4/6/12, indicated the following:</p> <ul style="list-style-type: none"> - level of consciousness/mental status, intermittent confusion, total 4 - history of falls, 1-2 falls in past 3 months, total 2 - ambulation/elimination status, chair bound-requires restraints and assist with elimination - vision status, adequate, total 2 - medications, takes 3 -4 of these medications currently and/or within last 7 days (narcotics, psychotropic, antihypertensive), total 4 - predisposing diseases, 1 -2 present, total 			<p>findings to the QA Committee for one yr., at 3 mo. 6 mo. and at 12 mos. Any recommendations will be followed. This will be monitored by the Director of Nursing.</p> <p>Completion date April, 24, 2012</p>			

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	<p>2</p> <p>Total score 14, with a total score above 10 represents high risk for falls.</p> <p>Resident #34's nursing notes, dated 3/25/12 at 9:45 a.m., indicated "resident found on floor beside bed. Stated he was getting up, did not hit his head. Sitting with left leg bent behind thigh. New order for x-ray per physician.</p> <p>Resident #34's, left knee x-ray, indicated "Results: There is a fracture involving left distal femur with medial displacement."</p> <p>During an observation on 4/4/12 at 10:00 a.m. Resident #34 was observed in bed and he did not have bolsters in place on his bed.</p> <p>During an interview with RN #1 on 4/4/12 at 10:24 a.m., RN # 1 indicated Resident #34 did not have bolsters on his bed. She also indicated Resident #34 gets confused sometimes and forgets he can't walk "just like this morning he said," "I am going to get up and go</p>						

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	<p>the bathroom' "and I reminded him he could not walk."</p> <p>During an observation on 4/9/12 at 10:50 a.m., Resident #34 was observed in bed without bolsters on his bed</p> <p>During an interview with the DON (Director of Nursing) on 4/9/12 at 10:55 a.m., She indicated she was not sure why the bolsters were not on Resident #34's bed but he has a different mattress than he had when the bolsters where on his bed so the bolsters would not fit this mattress. The DON also indicated the procedure in which the CNAs are to be informed of interventions for residents such as what residents are to have bolsters on their bed is the CNAs are instructed to read and follow the resident's care plans.</p> <p>3.1-45(a)(2)</p>						

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